Case 19-18716-ABA Doc 17 Filed 09/09/19 Entered 09/09/19 15:09:10 Desc Main

	1701	Paue I UI /
ormation to identify your	case:	
Alice A. Wray		
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
Sankruptcy Court for the:	DISTRICT OF NEW JERSEY	
19-18716		
	Alice A. Wray First Name First Name Bankruptcy Court for the:	Alice A. Wray First Name Middle Name First Name Middle Name Bankruptcy Court for the: DISTRICT OF NEW JERSEY

■ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

Par	t1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	135,100.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,504.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	139,604.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	276,508.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	876.00
	Your total liabilities	\$	277,384.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,663.13
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,282.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 2 of 7
Case number (if known) 19-18716 Debtor 1 Alice A. Wray

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14.

4,747.20 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill	in this information to identify your o	case:				ı				
Del	otor 1 Alice A. Wr	ay								
	btor 2 buse, if filing)				_					
Uni	ted States Bankruptcy Court for the	e: DISTRICT OF NEW .	IERSEY							
Cas	se number 19-18716					Cł	neck if this is	<u>.</u>		
(If kr	nown)		-				An amende	ed filing		
									g postpetition ollowing date:	
0	fficial Form 106I						MM / DD/ Y	/YYY		
S	chedule I: Your Inc	ome								12/1
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form. The describe Employment	i are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not includ	pouse e infor	is liv mati	ing w on ab	ith you, incl out your sp	ude inforr ouse. If m	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more than one job,	Employment status	■ Employed			☐ Employed				
	attach a separate page with information about additional employers.		☐ Not employed				☐ Not e	mployed		
	Include part-time, seasonal, or	Occupation	operator				-			
	self-employed work.	Employer's name	Veizon							
	Occupation may include student or homemaker, if it applies.	Employer's address	Robbinsville, NJ							
		How long employed t	here? 20 years							
Par	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to re	oort for	any	line, w	rite \$0 in the	space. Inc	clude your no	n-filing
f yo	u or your non-filing spouse have me space, attach a separate sheet to	ore than one employer, co	ombine the information	for all	empl	oyers	for that perso	on on the li	nes below. If	you need
						For I	Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		4,747.20	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4	,747.20	\$	N/A	

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Debt	or 1	Alice A. Wray	_	C	Case number (if kn	own)	19-18	3716		
	•	•	_							
					For Debtor 1		Гот	Debtor 2 o		
					For Deptor 1			filing spot		
	Cop	y line 4 here	4.		\$ 4,747	20	\$		N/A	
		y line 4 nere			4,141		*-			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 853	.42	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d			.00	\$		N/A	
	5e.	Insurance	5e.		\$ 163	.74	\$		N/A	
	5f.	Domestic support obligations	5f.		\$ 0	.00	\$		N/A	
	5g.	Union dues	5g.		\$ 66	.91	\$		N/A	
	5h.	Other deductions. Specify:	5h.	.+	\$ 0	.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,084	.07	\$		N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,663	.13	\$		N/A	
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$ 0	.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0	.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent								
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0	00	\$		N/A	
	8d.	Unemployment compensation	8d.			.00	\$ 		N/A	
	8e.	Social Security	8e.		. —	.00	\$_		N/A	
	8f.	Other government assistance that you regularly receive			<u> </u>	.00	*-		11//	
		Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.	8f.		\$ 0	00	æ		NI/A	
	90	Specify: Pension or retirement income				.00	\$ \$		N/A	
	8g. 8h.	Other menth by income Charles	8g. 8h.		:	.00	+ \$ [—]		N/A N/A	
	OH.	Other monthly income. Specify:			Ψ	.00	ΤΨ		IN/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0	.00	\$		N/A	
		Ç		L						
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,663.13	+ \$		N/A = 3	\$;	3,663.13
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,003.13	Τ Ψ-		- N/A		5,003.13
4.4										
11.		e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your		nde	ante vour roomi	mates	e and			
		r friends or relatives.	исрс	, i i u c	onto, your room	nato	s, and			
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expense	es list	ed in S	chedule J.		
	Spec	cify:						11. + \$	·	0.00
4.0										
12.	Add	the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain	ult is	the	combined mon	thly ir	ncome.			
	appl		II Liai	DIIIL	ies and Related	Date	, 11 11	12. \$;	3,663.13
	~PPI									
									mbine	ed income
13.	Do v	ou expect an increase or decrease within the year after you file this form	?					1110	y	
		No.								
	П	Yes. Explain: Debtor has taken stens to remove 401K contribution	tion	fro	m navstub in	ord	er to 4	etablich	fassik	sility

Official Form 106l Schedule I: Your Income page 2

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Filli	n this informa	tion to identify yo	our case:					
Debt		Alice A. Wra	у			Cheo ■	ck if this is: An amended filing A supplement show	wing postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	the following date:
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		-	MM / DD / YYYY	
	e number 19 nown)	-18716						
		rm 106J J: Your	Evnor	nege				12/15
Be a info nun	as complete a rmation. If m nber (if know	and accurate as ore space is ne n). Answer eve	possible eded, atta ry questio	If two married people ar ch another sheet to this				or supplying correct
Part 1.	Is this a join	ibe Your House it case?	enold					
		s Debtor 2 live	in a separ	ate household?				
		-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
	aoponaomo (□ No
							_	☐ Yes ☐ No
								☐ Yes
								□ No
2	De veur eve	anaaa inaliida	_				_	☐ Yes
3.	expenses of yourself and	enses include f people other t d your depende	han nts? □	No Yes				
exp	mate your ex	ate Your Ongoi penses as of your date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this fo lemental <i>Schedule</i>	orm as a su J, check th	pplement in a Cha ne box at the top o	apter 13 case to report f the form and fill in the
the		n assistance an		government assistance it cluded it on <i>Schedule I:</i> Y			Your exp	enses
4.		r home owners d any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. §	S	1,587.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$	3	0.00
		rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat	•	ipkeep expenses		4c. \$		0.00
5.				oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

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tor 1	Alice A.	Wray		Case num	ber (if known)	19-18716
Utilit	ies:					
6a.		heat, natural gas		6a.	\$	300.00
6b.	Water, sev	ver, garbage collection		6b.	\$	50.00
6c.	Telephone	e, cell phone, Internet, sate	llite, and cable services	6c.	\$	325.00
6d.	Other. Spe	ecify:		6d.	\$	0.00
Food		· -		7.	\$	300.00
			s	8.	\$	0.00
Cloth	ning, laund	ry, and dry cleaning		9.	\$	50.00
Pers	onal care p	roducts and services		10.	\$	50.00
	•			11.	\$	400.00
Trans	sportation.	Include gas, maintenance	, bus or train fare.			
			,	12.	\$	100.00
Ente	rtainment,	clubs, recreation, newsp	apers, magazines, and books	13.	\$	0.00
Char	itable cont	ributions and religious d	onations	14.	\$	0.00
			ur pay or included in lines 4 or 20.			
						0.00
15b.	Health ins	urance				0.00
15c.	Vehicle ins	surance		15c.	\$	120.00
15d.	Other insu	rance. Specify:		15d.	\$	0.00
		clude taxes deducted from	your pay or included in lines 4 or 2			
•	,			16.	\$	0.00
				47-	•	
	, ,				·	0.00
					·	0.00
		·			· -	0.00
		· -			\$	0.00
					\$	0.00
				1061).		
		you make to support ou	ners who do not live with you.	10	Ψ	0.00
•	·	arty evnences not include	ad in lines 4 or 5 of this form or o		our Income	
						0.00
						0.00
			surance			0.00
						0.00
						0.00
		er s association or condon	iiiliaiii aaes		·	-
Otne	er: Specify:				+φ	0.00
Calc	ulate your ı	nonthly expenses				
22a.	Add lines 4	through 21.			\$	3,282.00
22b.	Copy line 22	2 (monthly expenses for De	ebtor 2), if any, from Official Form 1	06J-2	\$,
22c.	Add line 22	and 22b. The result is vo	our monthly expenses		s ——	3,282.00
					_	
					·	3,663.13
23b.	Copy your	monthly expenses from lir	ne 22c above.	23b.	-\$	3,282.00
0.0	0.14	41.1				
23c.				230	s	381.13
	i ne result	is your monthly net income	₽.	230.		301.10
Do ve	ou evnect :	n increase or decrease i	n vour expenses within the year	after you file this	s form?	
						ease or decrease because of a
				, ,	, , : : : : : : : : : : : : : : : : : :	
■ No	0.					
		Explain here:				
	Utiliti 6a. 6b. 6c. 6d. Food Child Clottl Pers Medi Tran Do n 15a. 15b. 15c. 15d. Taxe Spec Insta 17a. 17b. 17c. 17d. Your dedt Othe 20a. 20b. 20c. 20d. 22e. Calc 23a. 23b. 23c. Do y For ex modif N	Utilities: 6a. Electricity, 6b. Water, see 6c. Telephone 6d. Other. Spe Food and house Childcare and c Clothing, laund Personal care p Medical and den Transportation. Do not include ca Entertainment, o Charitable contr Insurance. Do not include in 15a. Life insura 15b. Health insu 15c. Vehicle insu 15d. Other insu Taxes. Do not in Specify: Installment or le 17a. Car payme 17b. Car payme 17c. Other. Spe 17d. Oth	Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, sate 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education cost Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance Do not include car payments. Entertainment, clubs, recreation, newsp Charitable contributions and religious d Insurance. Do not include insurance deducted from yo 15a. Life insurance 15c. Vehicle insurance 15d. Other insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance deducted from your pay on line 5, Scheo Other payments you make to support of Specify: Other real property expenses not include 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's in 20d. Maintenance, repair, and upkeep exp 20e. Homeowner's association or condom Other: Specify: Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Di 22c. Add line 22a and 22b. The result is you Calculate your monthly net income. 23a. Copy line 12 (your combined monthly 23c. Subtract your monthly expenses from lir 23d. Copy ine 22 (monthly expenses from lir 23d. Subtract your monthly expenses from lir 23d. Subtract your monthly expenses fr	Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other payments you make to support others who do not live with you. 15pecify: 17d. Other payments you make to support others who do not live with you. 15pecify: 17d. Real estate taxes 17d. Real estate taxes 17d. Real estate taxes 17d. Property expenses not included in lines 4 or 5 of this form or 0 17d. Mortgages on other property 17d. Real estate taxes 17d. Property expenses for Debtor 2), if any, from Official Form 1 17d. Cher. Specify: 17d. Cher. Specify: 17d. Other specif	the britance of the property	Willities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Section, Internet, satellite, and cable services 6c. Section, Incorporation, Internet, satellite, and cable services 6c. Section, Incorporation, Internet, satellite, and cable services 6c. Section, Incorporation, Incorporation, Internet, satellite, and cable services 6c. Section, Incorporation, Inco

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Fill in this information to identify your case:								
Debtor 1	Alice A. Wray							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name	_				
United States B	Sankruptcy Court for the:	DISTRICT OF NEW JERSEY						
Case number	19-18716							
(if known)				■ Check if this is an				
				amended filing				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Di	id you pay or agree to pay someone who is N	OT an attorney to help you fill out ban	kruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have reat they are true and correct. /s/ Alice A. Wray Alice A. Wray Signature of Debtor 1	ead the summary and schedules filed was a signature of De	
	Date	Date	